

# Letter to Parents

Dear Parents:

The counseling program at \_\_\_\_\_ is designed to  
(Name of school)

be preventive and developmental. In addition to seeing students individually and in classroom guidance, we teach skills and information in small-group settings.

Your child, \_\_\_\_\_, has expressed an interest in participating in the \_\_\_\_\_ group. We emphasize to students that groups are for everyone, and participating does not indicate a problem. Groups are structured and goal focused. Students learn important life skills that enhance their ability to succeed academically and socially as well as cope with stressful situations.

Listed below are the types of groups we routinely offer.

- Student success skills: academic and social skills needed for school success
- Communication and conflict management
- You in control: self-control and anger management
- Changing family: dealing with divorce
- Loss: bereavement

Please check one of the two statements below, then return this letter to the counselor. If you have any questions about your child's participation in the group, please feel free to call at \_\_\_\_\_.

Sincerely,

School Counselor

Check one and return this letter to the counselor.

\_\_\_\_\_ My child may participate in this counseling group.

\_\_\_\_\_ My child may not participate in this counseling group.

Parent/guardian signature \_\_\_\_\_

